



MISSOURI DEPARTMENT OF REVENUE
DIVISION OF TAXATION AND COLLECTION
P.O. BOX 295
JEFFERSON CITY, MO 65105-0295
**TRANSIENT EMPLOYER IRREVOCABLE
LETTER OF CREDIT**

FORM
2980
(REV. 11-2002)

REQUIREMENTS FOR COMPLETING FORM

1. Issued by any state or Federal financial institution
2. Signed by bank official
3. Must be notarized
4. Authorization for Release of Confidential Information must be completed (See reverse side of this form)

AMOUNT (U.S. CURRENCY) \$	LETTER OF CREDIT NUMBER	DATE OF ISSUANCE
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AT THE REQUEST OF (COMPANY'S NAME)

OF (COUNTY)	STATE OF
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We hereby issue our irrevocable letter of credit, in favor of the state of Missouri in the sum of _____ dollars
(\$ _____) available by your demand for payment.

Demands under this irrevocable letter of credit must be accompanied by a statement of delinquent taxes or claims, penalties and interest due under the provisions of the Missouri Employer Withholding Tax Law, the Missouri Employment Security Law and all amendments thereto; and marked "drawn against irrevocable letter of credit number _____".

This obligation shall be deemed automatically renewed on an annual basis for a period of not less than four (4) years from the date of this letter. This credit will expire in full and finally 5 years from the date of issuance. The issuing banking institution may cancel the letter of credit and be released of future liability hereunder by delivering sixty (60) days prior written notice to the Department of Revenue at the address shown above. Cancellation shall not affect any liability incurred and accrued hereunder prior to the termination of the sixty (60) day period.

Upon receipt of said notification the Missouri Department of Revenue may make one demand for payment, for the unused balance of this irrevocable letter of credit, mentioning thereon our letter of credit number _____ accompanied by its signed statement that the agreement is still outstanding and that the proceeds of the payment will be retained and used in lieu of the letter of credit with any unused portion to be returned to the taxpayer.

This Letter of Credit is governed by the Uniform Commercial Code of the state of Missouri.

We hereby engage with you that demands made in conformity with the terms of this credit will be duly honored on presentation.

ISSUING BANK INSTITUTION	ADDRESS	CITY, STATE, ZIP CODE
BANK ROUTING TRANSIT NUMBER	BY: SIGNATURE AND TITLE OF BANK OFFICIAL	

NOTARY PUBLIC				
NOTARY PUBLIC EMBOSSER SEAL	STATE OF	COUNTY (OR CITY OF ST. LOUIS)	ON THIS DAY OF 20	BEFORE ME
	NAME OF NOTARY (PRINT OR TYPE)		A NOTARY PUBLIC IN AND FOR SAID STATE, PERSONALLY APPEARED	
	NAME OF BANK OFFICIAL (PRINT OR TYPE)		KNOWN TO ME TO BE THE PERSON WHO EXECUTED THE WITHIN	
	TYPE OF DOCUMENT		AND ACKNOWLEDGE TO ME THAT HE/SHE EXECUTED THE SAME FOR THE PURPOSES THEREIN STATED	
	NOTARY PUBLIC SIGNATURE			
	MY COMMISSION EXPIRES		USE RUBBER STAMP HERE	



MISSOURI DEPARTMENT OF REVENUE
**AUTHORIZATION FOR RELEASE OF
CONFIDENTIAL INFORMATION**

FORM
2980
(REV. 11-2002)

I hereby authorize release of confidential information to _____ for
(BANKING INSTITUTION)
the purpose of making demand for payment on letter of credit number _____ as
long as the obligation remains in force and effect. Release of this information to the named banking institution
does not give the banking institution authority to request information other than information concerning the
delinquent periods or claims for which a demand for payment is being made. I also release personnel from the
Department of Revenue from any and all liability for any disclosure to this banking institution of confidential
information resulting from release of subject information under Section 32.057, 287.380, 288.250 and supple-
mental thereto.

In witness whereof I, (WE), have duly executed the foregoing this _____ day of
_____ 20 ____ .

OWNER	TITLE
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OWNER/OFFICER SIGNATURE

NOTARY PUBLIC			
NOTARY PUBLIC EMBOSSER SEAL	STATE OF		COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS		
	DAY OF 20		
	NOTARY PUBLIC SIGNATURE		MY COMMISSION EXPIRES
	NOTARY PUBLIC NAME (TYPED OR PRINTED)		
USE RUBBER STAMP IN CLEAR AREA BELOW			